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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Eaves

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JUL 19 2004

Serial No: 10/015,455

Art Unit: 3764

Filed: December 13, 2001

Examiner: Danton DeMille

For: Motion Therapy Device

AMENDMENT TRANSMITTAL LETTER

Mail Stop AF

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.



No additional fee is required.



A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	16	- 20	= 0	X \$9/\$18	= \$
Indep Claims	2	- 3	= 0	X \$43\$86	= \$
				Total Additional Fee for this Amendment = \$0.00	



A check in the amount of \$ _____ is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

Date

7/19/04

Attorney Name

Reg. No.

Womble Carlyle Sandridge & Rice, PLLC

P.O. Box 7037

Atlanta, GA 30357-0037

(404) 872-7000 (Telephone)

(404) 888-7490 (Facsimile)

Docket Number: E059 1010

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the U.S. Patent and Trademark Office, telephone number (703) 872-9306, on July 19, 2004.

Diana Ogles
Diana Ogles